

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003351

**Entity Name:** ROSS-DEPASS, LLC

**Current Principal Place of Business:**

6560 WEST ROGERS CIRCLE  
SUITE 16  
BOCA RATON, FL 33487

**FILED**  
**Jul 13, 2017**  
**Secretary of State**  
**CC1793366170**

**Current Mailing Address:**

6560 WEST ROGERS CIRCLE  
SUITE 16  
BOCA RATON, FL 33487 US

**FEI Number:** 45-5199633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROSS, TROY D  
Address 6560 WEST ROGERS CIRCLE, SUITE 16  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name DEPASS, ELIZABETH H  
Address 6560 WEST ROGERS CIRCLE, SUITE 16  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name DEPASS, W. KEITH IV  
Address 6560 WEST ROGERS CIRCLE, SUITE 16  
City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH H. DEPASS

**MANAGER**

**07/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date